

FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No. 1215-0188
Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 438 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - <u>2906</u>	2. Fiscal Year Covered From: <u>1</u> / <u>1</u> / <u>2004</u> Through: <u>12</u> / <u>31</u> / <u>2004</u>
3. Name and address of person filing. Name <u>Scott</u> <u>Berger</u> P.O. Box, Bldg., Room No., if any _____ Street <u>1764 Martine Avenue</u> City <u>Scotch Plains</u> State <u>New Jersey</u> ZIP Code + 4 <u>07076</u>	4. Name, file number, and address of labor organization. Name <u>Directors Guild of America, Inc.</u> Labor Organization File Number <u>000-018</u> P.O. Box, Building and Room Number, if any _____ Street <u>7920 Sunset Boulevard</u> City <u>Los Angeles</u> State <u>California</u> ZIP Code + 4 <u>90046</u>
5. Position in labor organization. <u>Assistant Secretary-Treasurer</u>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name _____ Trade Name, if any: _____ P.O. Box, Bldg., Room No., if any _____ Street _____ City _____ State _____ ZIP Code + 4 _____	7.a. Nature of Interest, Transaction, or Income. _____ 7.b. Amount. _____

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)		
Signed <u>Scott Berger</u>	On <u>7/7/05</u>	<u>908-889-1760</u>
	Date	Telephone Number

Name of Person Filing **Scott Berger**File Number U- **2906**

B. Hold an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name **Directors Guild of America-Producer Pension and Health Plans**

Trade Name, if any:

P.O. Box, Bldg., Room No., if any **Suite 900**Street **8436 West Third Street**City **Los Angeles**State **California**ZIP Code + 4 **90048-4189**

9. Business deals with:

☒ a. Labor Organization☐ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

11.a. Nature of such dealing.

The Plans have dealings with the DGA resulting from collective bargaining provisions requiring Producers, whose employees are represented by the DGA, to make payments to the Plans on behalf of those employees.

11.b. Approximate dollar value of such dealing.

Unknown

12.a. Nature of interest held or income received.

I am a trustee of the DGA Producer Pension and Health Plans, and in that capacity, I attended one several-day trustee meeting in Los Angeles, CA. The amount of my out-of-pocket expenses (air transportation, hotel and meals) was reimbursed by the Plans.

12.b. Amount.

\$2,928

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.b. Amount of payment.